

Jewett, T. H.
PRESIDENT'S ADDRESS

TO THE

Maine Medical Association,

AT ITS ANNUAL MEETING

Box 1149
IN PORTLAND, JUNE 11, 1878,

BY THEODORE H. JEWETT, M. D.,
— OF SOUTH BERWICK.



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A D D R E S S .

GENTLEMEN OF THE MAINE MEDICAL ASSOCIATION :

Allow me, at this time, to offer some suggestions as to certain points of duty which I think are demanded of us, both by our profession and the community. I will first notice the subject of Medical Jurisprudence, next that of Hygiene and Preventive Medicine, lastly ask your attention to our improvement in Therapeutics and Practical Medicine.

The field is large. If I can, however, stir up this Association to seriously consider these subjects, and then to perform the duties which should follow such a consideration, I shall be abundantly satisfied.

The history of medical jurisprudence, its progress in various countries, its successive developments and connection with the increase of light as to anatomy, pathology and medicine, with and without the use of the microscope and the aids of chemistry, we are unable to discuss from want of time. I can only notice the present *status* of medical jurisprudence as to witnesses in our own State, allude to the wrongs liable to be suffered by practitioners and the public, and suggest some action of the Association appropriate to the emergency. Our law has made no provision adequate to the importance of the subject. The State makes no demand for competent experts, and provides nothing for their supply. Our society has done as little as the State for the same object. We are in a bad condition. Laymen or citizens, when called to act upon coroners' juries, are notoriously incompetent to judge upon the cases before them, while many professional men, upon some sub-

jects, are almost equally ignorant and unreliable. Medico-legal autopsies are often a farce. The office of coroner, as now filled, should be abolished. Such witnesses appear to but little advantage in courts of law. Our education upon this branch is very limited. Scarcely any amount of knowledge is required on this point to pass examinations for a diploma. Many medical men have never read a work or heard a lecture upon medical jurisprudence. Cases are constantly coming up for trial, where only skilled experts can give satisfactory opinions touching the innocence, liability or guilt of parties involved. I have only to allude to those of malpractice, murder, insanity, poisoning, infanticide, abortion, life and accident insurance. What a folly for the courts to waste their time, as they often do, in listening to incompetent testimony. What a mockery of justice for juries to be governed by such opinions, often being influenced to render wrong decisions affecting the rights and liberty of their fellow men. Yet the courts are supposed to have before them the best attainable witnesses. The suits for malpractice, often set in action by envious and malicious medical men against their brethren, aided by partisan surgeons as managers or witnesses as corrupt as themselves, are too often coming up in our midst. How can juries judge of the merit of such cases, whether operations were ever necessary or well performed, and to what extent the patients were really capable of recovery, and how far ill success was attributable to negligence of the patient or family, or to the constitutional powers of the sufferer? Unless we have some change for the better, many medical men will not care to attend cases of surgery, especially of the poor, where there is little chance for compensation for services, or recovery of costs by the defending physician if successful in the suit.

Says Prof. CHAILLÉ, as to expert evidence: "With the power of medical science thus crippled at the coroner's inquest, then prostituted by the partisan opinions of incompetent experts, then perverted by advocates, and at last, when emasculated of all vigor, submitted for decision to those unable to estimate its weight, what wonder that such gross misapplication of medical knowledge brings upon it that public contempt which belongs justly to methods so monstrous, and to which true medical knowledge is a helpless,

pitiable and disgusted victim." What is to be done here to make a change for the better? If the people will not, in their ignorance or carelessness, move in this matter, nor our Legislatures, nor our courts, to provide good expert evidence, virtually professing to rank all medical men equal as to ability as medical experts in medico-legal science, then a solemn duty rests upon this Association to meet the emergency and discharge the obligations resting upon it. The Legislature cannot be expected to do anything whatever until this Association takes the lead. I believe that an organized system of medico-legal officials, specially trained as experts or arbitrators, should be established, attested as competent, by competent judges, to examine and give impartial and unbiased quasi-official opinions for the benefit of the courts, having no connection with the parties engaged in trials. How easily, with such a Board, many trials might be quashed before Grand Juries, and great expense saved to the State. Prof. Gross urges that the Judges of the Supreme Court of each State should appoint a commissioner in every judicial district to elicit and estimate evidence, and that he should be provided with two or more medical experts as assistants, to make all medico-legal examinations. Various other suggestions have been offered by others. Dr. REED, of Illinois, advises that all medical experts shall be selected by the court, and in jury cases the selection shall be made by the court at the instance of the jury; that the expert thus selected shall be compensated out of the public treasury; that the expense thus incurred by the public treasury shall be charged up in the bill of costs. The whole matter is full of interest to all.

In furtherance of this end, I would suggest that a committee be chosen by this Association, to consider the subject in all its bearings, also the point relating to proper compensation of medical experts, and report resolutions at our next meeting, that some action may be taken for an appeal to the Legislature for a wise disposal of medico-legal testimony.

I now ask attention to some thoughts as to the hygiene of the State. A series of questions, within a few years, were addressed to 267 medical men of ability residing in thirty-eight States, nine Territories and the District of Columbia, or forty-eight Govern-

ments, as to Public Hygiene and State Preventive Medicine, by H. I. BOWDITCH, M. D., President of the State Board of Health of Massachusetts. The answers from most were very unsatisfactory as to any adequate appreciation of the subjects involved. The State of Maine ranked very low on the list. The Legislature of this State has done almost nothing as to the care of the health of the people. Maine has not been willing to expend money to support State or County Boards of Health, or to carry out scientific investigations as to the causes and prevention of disease, the repression of noxious or offensive trades, so far as I can learn, or the adulteration of food. Maine has not established a Board of Health, so, of course, we have no good results from such a quarter. We have had no sanitary survey of the State. We have no law requiring or regulating vaccination, although Massachusetts complains of our State. "A late city physician of Boston used to declare that he could keep Boston free from small-pox if he could prevent the citizens from meeting immigrants from Maine who flocked there, most of them unvaccinated adults, into the city limits." * No law has been passed as to the drainage of lands so far as health is concerned, but simply as regards agriculture and convenience and private rights. No law, that I am aware of, exists regulating tenement houses for the poor, so far as sanitary interests are involved, or for their improvement.

Again, we have no State or County and very few city or town reports published annually as to health or deaths. We have nominal Town Boards of Health, amounting to very little save in small-pox incursions. The officers appointed do not recognize the importance of their duties, and none, comparatively, are performed. Individual interest is almost nothing as to hygiene. The disposal of house offal, sewerage, the proper position of wells for obtaining pure water, are points hardly thought of in towns, cities and on farms, either as to the strata of earth into which they enter, their site below or above barn-yards and privies, or their vicinage to either or to cess-pools. The location of dwellings in damp localities is very common. Very few cellars are cemented on the bottom

* Page 21 Dr. BOWDITCH's Centennial Address on Hygiene.

or sides ; indeed, no regard is given to soil moisture, as the subject demands. Drainage about dwellings is hardly cared for. Sewerage and sink outlets are nuisances in every direction, often passing into cellars and thence to boxes or casks beyond the walls, the conduits belching out the most offensive and deadly gases, permeating every part of the establishment, inviting diphtheria, scarlatina and typhoid fevers, to the destruction of the inmates. The management of privies, ventilation of dwellings and school houses, work shops and churches, and their proper exposure to sunshine and good air, all obtain very little attention.

The importance of a proper regard to hygiene, as to the health and welfare of our people, is apparent to every thoughtful mind. Especially is this a subject of interest as connected with the physical well-being of our children, not only so far as the health and happiness of the young are concerned, but of their children after them. The vigor, the longevity, the efficiency of the rising generation who so soon are to be the heads of families, touch the highest interests of the State. A large proportion of our offspring, as things now are, can never be otherwise than faulty, wretched specimens of manhood and womanhood, particularly in our manufacturing villages and towns ; a class wholly unfit for parents of a coming generation. Our women compare to disadvantage with those of German, Irish and English extraction. Their vitality is defective, their physical development is pitifully abnormal. No wonder that the New England population is dying out ; neither is it strange that we have so much of neuralgia, hypersensitiveness and exhausted nerve-power, dyspepsia, epilepsy, phthisis, cardiac affections and inebriety, also insanity, all the products of physical and mental degeneracy, mainly the results of bad parentage and training. What are we to expect from a perpetuation of such evils ? Have we not an important duty in this direction ? Is it not high time that we begin to adopt measures to stay the decline of our people ? Should we not labor personally in our respective fields, and also through health commissions, to spread sound information to all our families, as to the best means of securing the highest physical welfare of our State ? Our Association is very faulty as to a subject of such overwhelming importance as this of hygiene.

We have had presented, within the last few years, some very able papers upon this subject, which I trust may prove the beginning of better things. With this exception, but little has been accomplished. When we consider that the people will not move in this matter, neither will the Legislature, it becomes this Association to take the advance. A large proportion of diseases are preventable. It lies with us to educate the people. Let us do our whole duty as guardians of the health of the citizens of this State. We must agitate and agitate, as to the necessity of proper attention to hygiene, until the community are fully awakened to their duty and their danger. I would suggest that a committee be appointed to frame resolutions to be presented to the Legislature of the State, as an appeal from this Association for such action as this great subject deserves. I need say nothing more. May our labors and their results in the future redeem the past.

Thoroughly mindful of the suggestion of HORACE, "*Ut si cæcus iter monstrare velit*," as if I was a blind man trying to lead the way, I will next ask your attention to therapeutics and practical medicine. We are not satisfied with our success as medical men, neither are the public. Skepticism as to the use of remedies is now the rule, the natural result of irrational, unsuccessful polypharmacy. It may not be unprofitable for us to inquire as to some of the causes of this state of things. In general, then, we may say that we neither understand remedies nor diseases. Our education has been wrong as to both. Therapeutics have been most lamentably neglected. Physicians have been well educated in anatomy, physiology, pathology and surgery (some of them), but not in medicine. The fundamental principles of therapeutics have neither been understood nor taught as they should be. Practice, therefore, has had no rational, reliable basis. The primary and secondary action of therapeutical agents—their double action, has seldom been definitely alluded to in text books. A few hints now and then have appeared as gleams of light, but old ideas still hold their sway, and the new and valuable thoughts, based upon law, seem to be almost unknown to the profession at large, notwithstanding the labors of SIDNEY RINGER, HARLEY and others. Few recognize that tonics, in large doses, are sedatives, also that the same is true

as to stimulants. How many are aware that depressants, in small doses, act as tonics. Dr. TULLY, however, has settled the first point in showing digitalis not to be an antiphlogistic, as formerly supposed, but a cardiac tonic, an improper agent, although much prescribed in eccentric, uncomplicated hypertrophy. That depressants are tonics in small doses, HANDFIELD JONES, SEQUARD and REYNOLDS have fully established. Again, that small doses should be prescribed where the primary effect of the remedies corresponds to the symptoms, is a truth as yet hardly recognized. The action of chlorate of potassium in acute vesical catarrh, also belladonna in cerebral congestion, plainly indicates the law. How much maltreatment has existed in the past, how much good not effected through therapeutical ignorance? The proper explanation of the beneficial results of belladonna in cerebral congestion, under the law just mentioned, is undoubtedly this: All congestion depends upon the relaxation of the walls or muscular fibres of the capillary and other vessels, from debility of the vaso-motor nerves. Small doses of appropriate stimulants (in this case, belladonna) give tone to the nerves; contraction of the vessels follows, and removal of the congestion. Sulphate of atropia acts in this manner in acute conjunctivitis and keratitis, applied externally. Whatever the rationale, the fact is indisputable, showing that the treatment is applicable in a wide range of affections. Some may suppose the remarks now made savor somewhat of HAHNEMANN's doctrines. If so, they reason very superficially. I have no faith whatever in infinitesimal doses. All that I have said, as to the action of remedies where their primary action corresponds to the symptoms, is squarely opposed to Homœopathy. My explanation of the action of belladonna settles this point. I am no believer in Homœopathy; indeed, there is no such thing. I will say no more, but simply quote the ideas of Dr. JOHN C. PETERS, of New York, which are my own, as to this subject, which show the whole matter in a clear light. "Similarity," he says, "is not identity, but a hybrid or compound of much resemblance and some difference. Hence, if a similar or homœopathic remedy cures at all, it cures in virtue of the difference in action and that of the disease; and, in all probability, the greater the difference and the less the similarity, the

more perfect and certain would be the cure. The dose would have also to be large enough to effect an alterative or curative action. Hence, there could be no such thing as a homoeopathic cure, no matter what remedy was used. Every cure takes place allopathically."

— I now proceed to another thought as to therapeutical action. Too many articles of the *Materia Medica* are considered to be symptomatic remedies only, and are so prescribed. The constitutional effects of remedies have been regarded less than the local, when it may be a question if all remedial action is not primarily constitutional. Few realize that an emetic will change the condition of every part of the body, and that often local relief is thus best attained. Of quinine the same may be said, also of other therapeutical agents. Thus, under the use of proper remedies, by constitutional action, a new condition supersedes the old and disordered state, nature rights herself, and, without special attention to local difficulties, such disorders often cease and health is restored. The subject is full of interest. I have not time, however, to enter into details. Dr. JOHNSON once said that physicians were a class of men who put bodies of which they knew little into bodies of which they knew less. There may be some truth in this. If ill success follows the exhibition of medicines, most surely it is not the fault of the medicines. There is something in the way they are used. Therapeutics have not been studied sufficiently in connection with clinical education, all will admit. Books and lectures have been, hitherto, the chief sources of knowledge. The results are before us. I have reason to believe that students in olden times, who accompanied their masters to the sick room and assisted in the cure of patients, enjoyed a better opportunity for information than do many now. In closing upon this point, I would remark that there is need of a thorough overturn in therapeutics. It will, it must come; necessity will compel it. Where shall we stand? Shall we follow the old routine, or lead in the advance?

As to theory and practice, something remains to be said. Diseases and their rationale of action are not any better understood than therapeutics. The instruction has been ample in amount but wrong in character. Very much has been made of symptomatology,

as much of pathology. All well enough. Very much attention given to theories, time enough to treatment, but in my opinion in the wrong direction, and by no means yielding desirable results. Much might here be said, but I forbear. I will refer to a few points only. The rationale of the origin, course and results of disease is very imperfectly understood. The connection of the cerebro-spinal and great sympathetic nervous system with disease has been very much neglected. When the heat of excitement, the perspiration of surprise, the blush of modesty, the paleness of fear, palpitation from sudden shock—often death, the flow of saliva from odor of food, the dry throat from terror, tears from pity, loss of appetite from grief, cessation of pain and often radical removal of disordered action from faintness, are familiar to every one, why, I ask, is so little importance given to the brain and nervous system, in the treatment of disease, controlling as they do every function of our bodies? Diseases themselves have been altogether too much regarded as causes of illness, when really they are effects. Treatment has been generally expended upon these effects rather than the causes. The results have been unsatisfactory, no matter what has been the theory entertained or the medicines prescribed. How could it be otherwise? When some prominent symptom of an illness is seized upon as the cause of the sickness, and secondary matters regarded as primary, and the nerve-centres, the seat of vitality, ignored, are physicians acting intelligently? Is a crumbling brick from a ruinous building the cause of the general decay? When a whole house shakes, as in an earthquake, does not the weakest part feel the shock first and most? Is such practice reasonable? Are the lives of patients and the dearest interests of families safe in the hands of such practitioners? Is it a wonder that the profession become skeptical? Is it strange that we lose the confidence of the community?

Again, pathology, in the teaching of our schools, has been made too much the all-in-all, to the neglect of rational and skillful practice. Said Dr. BAILLIE, "The dead body is the great basis on which to build the knowledge that is to guide us in distributing life and health to our fellow creatures." To be a successful physician, then, able to hush the tumult and fury of deranged vitality,

or to cherish the life-power when nearly extinct, and so to rally it as to restore our patients to health, is to be chiefly a good pathologist. Is this true? The thing has been carried too far. You may dissect dead bodies for years, and, if this is all, you are no physician. Does pathology teach what intermittent fever is, or that bark is the remedy? Pathology is all well enough to show the effects of disease, as in typhoid fever and many other affections, and from some pathological revelations we may obtain useful suggestions for the relief of patients—from many, none whatever. The wreck lying far out at sea, on a craggy reef, may tell us to avoid the rock, but not how to manage the ship in a tempest in the offing. Says an old writer: "We hear of many bad lungs and diseased livers, enlarged bones, damaged intestines in various stages of corruption. These are put up in bottles and shown as the trophies of science, when, really, they are the trophies of death over the want of successful professional skill." We get really not everything from pathology as to the operations of the life-power; very few hints as to the action or management of deranged vitality. A blow upon the head or overmental efforts will bring on diabetes; a weak brain will induce disordered digestion, and functional, and, eventually, organic cardiac affections; a fit of passion will sometimes occasion jaundice. Will an examination of the stomach or kidneys or liver point at all to the causes or dictate successful treatment? A patient may have all the symptoms of phthisis, yet the symptoms may disappear for years wholly, as I have known, and insanity alone be present. Disorder of the lungs may then appear again, sanity return, and, after a short time, the patient die, phthisis running its course. What can we learn, in such cases, from early examinations of the chest, as to the causes and rationale of action? The only thing to be said is that the life-power is at fault. This is the essence of all diseases—this is the great point of consideration. How little attention is given in this direction; how little aid to nature to strengthen and balance the system and to improve the malcondition—to nature, which really always restores the sick to health. Is it wise, then, to regard pathological effects in disease as our chief business? Gentlemen, a dead body is one thing, a live body is another. We must look to the living chiefly to learn

the laws of life, not to the dead. The physiological view of disordered health alone points the way to rational and successful treatment. Pathological actions are simply physiological ones out of order. Any other view of this great subject is absurd.

SYDENHAM, the father of English medicine, makes the following remarks: "In acute diseases which contain more than two-thirds of diseases, and, moreover, in most chronic complaints, it must be confessed there is some specific property which no contemplation of the dead body can ever discover. Wherefore, that men should not place the main of the business upon the dissection of carcasses, as if the medical art might be thereby promoted, rather than by the diligent observation of the natural phenomena, and of such things as do good and do hurt."

The only inference from all this is the thought that we should not make pathology the sum of all knowledge. We should not attend to pathology less, but to therapeutics and the action of the life-power more.

I would next remark that our defeats in the sick room are often owing to the common habit of following authorities rather than, with proper care, making investigations for ourselves. Lord BOLINGBROKE speaks emphatically upon this point. "In physic," he says, "men are bred to think as well as act by rote. They furnish their minds, as they furnish their houses and clothe their bodies, with the fancies of other men, and according to the age and country. They pick up their ideas and notions in common conversation or in the schools. The first are always superficial and both are commonly false." Followers of authorities, in applying their knowledge, often mistake both as to diagnosis and treatment. The eminent Dr. BENJ. WATERHOUSE, Professor of Theory and Practice in Harvard University, the most highly educated American of his day, the private pupil and assistant of the world-renowned Dr. CULLEN, of Edinburgh, the introducer of vaccination into this country, was called to attend a wealthy Boston merchant. At an utter loss as to the case, he called in Dr. JEFFRIES, a sharp, practical man. "If I look at the symptoms thus," said Prof. WATERHOUSE, "I should put the man on such a class of CULLEN's Nosology, and so and so would be the right treatment. If I regard

the case in another light, I should put him on another class and the treatment would be different. If I accept of another view of the symptoms, he must go upon another class." "Now, pray, Dr. JEFFRIES, upon what class would you put our patient?" "Put him," said JEFFRIES, disgusted, "put him on any class you please, sir; the man is dying. He will not live an hour." Bowing, Dr. JEFFRIES vanished, leaving the learned Professor, the useless practitioner, completely lost in his abstractions. In my day I have consulted with two learned men, in like manner, who were ignorant of the fact that their patients were passing out of life while they were discussing the opinions of favorite authors. We are all too much governed by our text books. Some of these works are valuable guides. Many of them, however, are written by scholarly rather than by practical men, who can often teach learnedly but not practice successfully. Of course, junior physicians must follow the books until their eyes are opened by experience, and their judgment sufficiently matured to think for themselves. Even then most men follow their teaching. Books, with many, stand in the place of nature. The facts and opinions therein laid down may be true, or false. In either case it requires brain and sound sense, a practical observing mind, and a close knowledge of nature, to know what to have confidence in and what to discard. I hardly know which is worse, to make use of good material out of place, or bad material in any case that may come up before us.

"If false facts," says Lord BACON, "are once set on foot, also opinions, what through neglect of examination, the countenance of antiquity, and the use made of them in discourse, they are scarce ever retracted." Says Sir H. DAVY: "Nothing has so checked the progress of philosophy as the confidence of teachers in delivering dogmas as truths which it would be presumption to question. There is much more difficulty in overcoming old errors than in discovering new truths. No dogma, however plausible, ought to be protected from investigation."

Again, the change of fashions in the profession, dictated by successive magnates, has proved a cause of scepticism, and effected much injury. This is one of the results of the teachings of the schools. In the dark, men have ever reached to the next positive

man who promised to lead them into light. Dr. RUSH gloried in the advocacy of the doctrine of inflammation more fully than any before him, as the *fons et origo* of most diseases, acute and sub-acute. Under him, the lancet was in constant use in connection with cathartics and low diet. Dr. PARRY, of Bath, in England, was of the same belief. Patients of the most delicate organization were bled and cupped and leeches, even when sinking out of life. I have seen and known much of this treatment in my early days. Indeed, what man, who thought anything of his standing, dared to do otherwise in pneumonia and pleurisy forty years ago? Where is the practice now? If not true or good practice now, neither was it then. Dr. RUSH declared that he should not be satisfied until the head of every family should know how to use the lancet and administer ten-grain doses each of calomel and jalap for most of the ills and ails in all the families of the land. Dr. ABERNETHY, in his turn, was medical dictator of the profession for years. His influence is still with us, believing that we must look to the liver and stomach for the origin of most maladies. Troubles of these organs, effects themselves, were paraded forth as causes, and generally with perfect folly. Remedies were addressed to the effects, and the causes neglected. The bile was deemed the origin of all illness, no matter whether the patient had undergone intoxication, taken cold, neglected exercise, or whatever else had occurred. If the head ached from any cause, the bile was the difficulty, even from hard study or mental or emotional disturbances. In like manner, the kidneys, humors, scrofula, the blood or the skin, has each in turn been responsible for much disease. BROUSSAIS originated the doctrine of *gastroentérite* as the prime basis of all illness. It was always the mucous membrane in fault. Leeches to the epigastrium, and gum water, were the remedies. Broussaism is now forgotten as such. So goes the medical world. The flock follows its leader. "I have lived," says THOMAS JEFFERSON, "to see the disciples of BOERHAVE, HOFFMAN, STAHL, CULLEN and BROWN succeed one another like the shifting figures of the magic lantern, and their fancies, like the annual Parisian dresses, becoming, from their novelty, the vogue of the day and yielding to the next novelty their ephemeral favors. Remedies have changed as often as dis-

eases." To that Sir WILLIAM TEMPLE remarked: "That remedies were like birds of passage, very much seen or heard of at one time, and out of fashion at another."

Look at the treatment of phthisis in years gone by, as to remedies. STAHL attributed the frequency of consumption to the introduction of bark. MORTON considered bark an effectual cure. REID ascribed its frequency to mercury. BRILLONET asserted that it was only curable by this mineral. REUSH said that phthisis is an inflammatory disease, and should be treated by venesection and low diet. SALVADORO maintained that the disease was one of debility, and advised tonics and good diet. Dr. BERDOUS, and others, recommended digitalis as a specific in consumption. Dr. PARR, with equal positiveness, declared it to be very injurious. I am astonished, when I look back at the ideas and treatment that have been in fashion in my own time, as to pneumonia. First, venesection and antiphlogistics and blisters; next tartar emetic, one grain every hour until toleration, and then up to recovery or death; next the diaphoretic treatment; next opium and brandy; next expectantism; and now quinine, in immense and and frequent doses. What are we to infer from all this? Says an old writer, "Not that the science is incomprehensible, but that its professors have failed to acquaint themselves with the true principles upon which medicines act, and know as little of the true nature of the diseases whose treatment they so confidently undertake." What is the result of this ignorance and uncertainty? In the words of Dr. FRANK, "Thousands are slaughtered in the quiet sick-room." "Governments," continues the same physician, "should either banish medical men and their art, or they should take proper means that the lives of the people may be safer than at present, when they look far less after the practice of this dangerous profession and the murders committed in it than after the lowest trades."

Amidst all this uncertainty, we may ask what are the opinions of medical men really worth? We should hope that their work is better than their faith. In religion, the life of some men is better than their creed. As a rule, however, we must believe what ASMODEUS, in *Le Sage's Le Diable Boiteux*, said to LEANDRO, "We have many good medicines but very few good physicians." I may

ask here another question : What has been the effect of so many changes of opinions upon medical men in their latter days ? What then have they thought of their art ? Dr. JAMES GREGORY, the eminent Professor of Theory and Practice, at Edinburgh, by many esteemed the first physician in Great Britain, declared, in his old age, that he held his profession in contempt. Dr. BAILLIE, at the head of the medical world in London, the rival of GREGORY, the great founder of the pathological school which has long held a regal sway, on retiring from practice declared, without hesitation, that he had no faith in physic whatever, and that medical doctrines were stark, staring absurdities. Many others have said the same. Drs. LOCKE, SMOLLETT, GOLDSMITH, Sir JAMES MCINTOSH, abandoned their practice in middle life. These were all well educated men. They were all learned. Their success, however, was unsatisfactory. Eminent as they were, could they have known much that was profitable for the relief of suffering humanity ? Where was the trouble ? I can only believe that it consisted in the fact of their routine ideas and education. They did not follow nature, like SYDENHAM, who followed no man. He investigated and thought for himself, and his name will be honored throughout all time.

The question arises here, where shall we turn for relief and help as to the present state of medicine ? My friends, we must look to the practical men of experience in the field of labor. The best rational and successful practice is in the heads of such men, the most competent of all others to give the key to practice. Their suggestions spring from the cases before them full of life. How many original valuable thoughts have been lost, generation after generation, with the occasions that gave them birth, from the isolated lives of their authors, and a neglect to communicate from want of opportunity. The same may be said as to seamen, manufacturers, painters, indeed, of all branches of business. We must draw more knowledge from the men at work, and rely less upon authors than has been the rule. We need reports from every part of our State, and the active profession at large, the class of independent thinkers who have met many an emergency successfully, men who are not wholly followers of the text books and the

theories of the passing hour. Let such papers be often presented and discussions grow out of them, and the truth evolved, that our practice may be made more efficient. There is a wealth of information to be opened in this direction. At our annual meetings let also the current theories of the day be examined and weighed, so that, if valuable, they may be indorsed, and, if they prove to be the unreliable fancies of learned writers who know nothing of practice, let them be ignored. Theories often express what authors work themselves up to see in their own minds but others never saw in the sick room. The practical medical men are the junes who sooner or later settle forever all theories. I have long since thought that the profession should dictate to authors rather than authors to the profession. Until a blind obedience to authority and a submissive adoption of passing theories ceases to be the rule, there will not be all the change desired for the better. When the profession learn not to administer medicines in cases where nature is perfectly capable of restoring the patient, or where, in hopeless cases, not needed; when they are not given where the malcondition is wholly owing to bad habits and bad hygiene in full operation to keep up the illness, or to over-work or under-work, or business difficulties or family troubles, or other damaging influences. When we appreciate fully that the action of all remedies is only relative; that the same wind that sets one vessel on the right course may set another on the wrong; that no remedy suits all; when medicines are administered rationally in cases proper for their use, we shall have less scepticism as to their worth. When we come to understand that diseases are effects, and not causes, of illness; that it is as sensible to apply leeches to the tongue in the thirst of fever, in order to cure the fever, as it is to regard any one symptom in any disease as the origin of the illness, and attend to that chiefly to save the case, as if a gardener should try to restore a tree with sickly yellow leaves by attention to the leaves rather than by judicious culture of the tree; when sympathetic and secondary conditions, the effects of effects, are recognized as such, and not as primary troubles; when we understand that diseases are not entities to be expelled, but errors of action, life-power at fault, states to change for the better; that good health and ill health are total-

ties, a reversing of the conditions existing in health establishing disease, and a reversing of the conditions present in disease establishing health; when men shall know that neuroses are more common than inflammation; when we recognize more fully reflex operations—the action of peripheral influences upon the nervous centers, also the action of the central forces upon the peripheral distributions, also the offices and condition of the great sympathetic system—that all organic affections are first functional, and functional aberrations the result of wrong condition and action of the life power: in a word, when it is fully realized that the cerebro-spinal and great sympathetic rule our bodies, and we better understand the philosophy of vitality,—then will our profession take its proper place.

When we see that an attention to temperature is the great point to be held in view in the preservation of health and the removal of disease; that a change of abnormal high or low temperature to that of a medium degree, by appropriate methods, and the continuation of this normal condition by a proper balance of action of the vital forces, with the occasional use of symptomatic remedies, is the way to physical integrity; when, with SYDENHAM, we give all attention to the natural phenomena, and do not, with egotistic wisdom, try to teach nature to work according to our notions, as did the disciples of Ptolemy when they thought to make the sun move around the earth; I say when we allow nature to teach us rather than the authority of men, we shall have safe and able physicians who will honor our art. The quackery of the brotherhood will be less, and impostors outside of our ranks diminish. The existence of the latter is largely to be attributed to the failures of medical men. They are the offspring of ignorance and darkness, and, as a brighter light dawns upon the world, they will vanish.

Gentlemen, it may be thought that I have presented an unfavorable view of the profession. I have stated the truth: many of you know that I have done so. With all the advance of which we boast—and there is much to be thankful for—if we realize not our remaining deficiencies, we shall make very slow improvement. Medicine stands as well as theology or the law, perhaps better.

All are imperfect. There is malpractice in all, and for the same reasons. We have had but few original thinkers. We have also failed in success from the weakness and incompetency of the means employed to obtain desired perfection. It was said, in olden time, that truth lies in a well, meaning thereby that few are deep-sighted enough to find it out.

The world is now in active motion as to all important subjects. We must keep step with the spirit of the times. As to medicine, we are not to be disheartened by the hopeless views of eminent men. Because great physicians have looked back upon their experience with disgust and forward with despair, we are not to abandon a profession in the success of which the whole world is so deeply concerned. Our duty is plain before us. We must look upon the mistakes of the past as our lessons for the present and the future. It remains for us, profoundly studying the causes of failure as well as the laws of life and therapeutics, wedded to no one system or one idea, to labor every day, and all day long, zealously and courageously for the promotion of that progress in medical knowledge and skill upon which the welfare of mankind so greatly depends. The laws which govern life are forever the same. Experience and observation, right methods of action, sound reasoning and industry, will in time discover them, as did NEWTON gravitation with all its grand results. The demand will be followed by the supply. The great Author of all law works by law only, so our success will be solely commensurate with a knowledge of law. Let us not then despond. We shall finally succeed as a profession. Victory is certain in the very nature of things. Progress in our great work is ordained by the supreme laws of the universe.

